APPLICATION DATA SHEET

Application Information

Application Number::	
Filing Date::	
Application Type::	Regular
Subject Matter::	
Suggested Classification::	
Suggested Group Art Unit::	
CD-ROM or CD-R?::	·
Number of CD Disks::	
Number of Copies of CDs::	
Sequence Submission?::	•
Computer Readable Form (CRF)?::	
Number of Copies of CRF::	
Title::	STEALTH LIPID NANOCAPSULES, METHODS FOR THE PREPARATION THEREOF, AND USE THEREOF AS A CARRIER FOR ACTIVE PRINCIPLE(S)
Attorney Docket Number::	017753-201
Request for Early Publication?::	No
Request for Non-Publication?::	No
Suggested Drawing Figure::	

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Total Drawing Sheets::	
Small Entity?::	No
Latin Name::	
Variety Denomination Name::	
Petition Included?::	No
Petition Type::	
Licensed US Govt. Agency::	
Contract or Grant Numbers::	
Secrecy Order in Parent Appl.?::	No
Applicant Information	
Applicant Authority Type::	Inventor
Primary Citizenship Country::	France
Status::	Full Capacity
Given Name::	Didier
Middle Name::	
Family Name::	
•	HOARAU
Name Suffix::	HOARAU
•	HOARAU Montreal
Name Suffix::	

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5716, rue Saint-Urbain

Street of Mailing Address::

City of Mailing Address::

Montreal

State or Province of Mailing

Address::

Quebec

Country of Mailing Address::

Canada

Postal or Zip Code of Mailing

Address::

H2T 2X3

Applicant Information

Applicant Authority Type::

Inventor

Primary Citizenship Country::

France

Status::

Full Capacity

Given Name::

Pascal

Middle Name::

Family Name::

DELMAS

Name Suffix::

City of Residence::

Outremont

State or Province of Residence::

Quebec

Country of Residence::

Canada

Street of Mailing Address::

97, McCulloch

City of Mailing Address::

Outremont

State or Province of Mailing

Address::

Quebec

Country of Mailing Address::

Canada

Postal or Zip Code of Mailing

Address::

H2Y 3L8

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Applicant Information

Applicant Authority Type:: Inventor

Primary Citizenship Country:: Canada

Status:: Full Capacity

Given Name:: Jean-Christophe

Middle Name::

Family Name:: LEROUX

Name Suffix::

City of Residence:: Montreal

State or Province of Residence:: Quebec

Country of Residence:: Canada

Street of Mailing Address:: 329 Notre-Dame E, Apt. 327

City of Mailing Address:: Quebec

State or Province of Mailing Montreal

Address::

Country of Mailing Address:: Canada

Postal or Zip Code of Mailing

Address:: H2Y 3Z2

Correspondence Information

Correspondence Customer Number:: 21839

Phone Number:: (703) 836-6620

Fax Number: (703) 836-2021

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Representative Information

Representative Customer Number:: 21839

Domestic Priority Information

Application:: Continuity Type:: Parent Application:: Parent Filing

Date::

This Application National Stage of PCT/IB03/03213 06/11/2003

PCT/IB03/03213 An application claiming the 60/421,112 09/09/2002

benefit under 35 U.S.C.

119(e)

Foreign Priority Information

Country:: Application Number:: Filing Date:: Priority

Claimed::

France 0207175 06/11/02 Yes

Assignee Information

Assignee Name:: Ethypharm

Street of Mailing Address:: 21, rue Saint-Mathieu

City of Mailing Address:: Houdan

State or Province of Mailing Address::

Country of Mailing Address:: France

Postal or Zip Code of Mailing

Address:: 78550

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